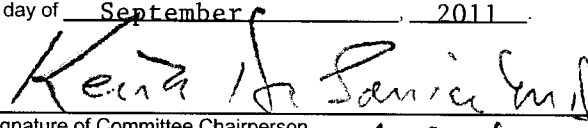
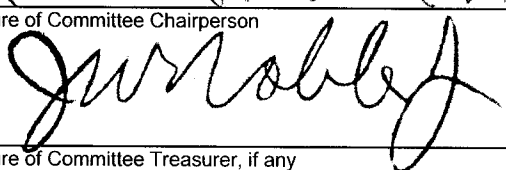


STATEMENT OF ORGANIZATION		OFFICE USE ONLY												
1. Name and Address of Committee Louisiana Medical Political Action Committee (LAMPAC) 6767 Perkins Rd, Suite 101* Baton Rouge, LA 70808-4263	2. Date of this Statement Sept. 29, 2011	<div style="text-align: right; font-size: 2em; font-weight: bold;">11000405</div> <div style="text-align: center;"> Amend PAC S/O \$11,000.405 SCANNED </div>												
Check If: New Committee _____ Monthly Filer <input checked="" type="checkbox"/>	3. Estimated Membership 450													
4. Amended Statement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;"><u>a. Name</u></td> <td style="width: 33%; text-align: center;"><u>b. Position</u></td> <td style="width: 33%; text-align: center;"><u>c. Address</u></td> </tr> <tr> <td>Keith F. DeSonier MD</td> <td>Chairperson</td> <td>555 Doctor Michael Debakey Dr, Lake Charles, LA 70601</td> </tr> <tr> <td>*John W. Noble, Jr. MD</td> <td>Treasurer</td> <td>1747 Imperial Blvd, Lake Charles, LA 70605</td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	Keith F. DeSonier MD	Chairperson	555 Doctor Michael Debakey Dr, Lake Charles, LA 70601	*John W. Noble, Jr. MD	Treasurer	1747 Imperial Blvd, Lake Charles, LA 70605			
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*John W. Noble, Jr. MD	Treasurer	1747 Imperial Blvd, Lake Charles, LA 70605												
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;"><u>a. Name</u></td> <td style="width: 33%; text-align: center;"><u>b. Address</u></td> <td style="width: 33%; text-align: center;"><u>c. Relationship to Committee</u></td> </tr> <tr> <td>Louisiana State Medical Society</td> <td>6767 Perkins Rd., Ste 100 Baton Rouge, LA 70808-4263</td> <td>Connected Organization</td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>	Louisiana State Medical Society	6767 Perkins Rd., Ste 100 Baton Rouge, LA 70808-4263	Connected Organization						
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Louisiana State Medical Society	6767 Perkins Rd., Ste 100 Baton Rouge, LA 70808-4263	Connected Organization												
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;"><u>a. Name</u></td> <td style="width: 33%; text-align: center;"><u>b. Address</u></td> <td></td> </tr> <tr> <td>Hancock Bank</td> <td>PO Box 591, Baton Rouge, LA 70821</td> <td></td> </tr> <tr> <td>Morgan Stanley</td> <td>8550 United Plaza Blvd., Ste 101, Baton Rouge, LA 70809</td> <td></td> </tr> <tr> <td>Smith Barney</td> <td></td> <td></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>		Hancock Bank	PO Box 591, Baton Rouge, LA 70821		Morgan Stanley	8550 United Plaza Blvd., Ste 101, Baton Rouge, LA 70809		Smith Barney		
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Morgan Stanley	8550 United Plaza Blvd., Ste 101, Baton Rouge, LA 70809													
Smith Barney														
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: _____ Principal Campaign Committee _____ Subsidiary Committee														
b. Name of Candidate	c. Office Sought by the Candidate													
9. a. Name of Person Preparing Report Mary M. DuCote b. Daytime Telephone (225) 763-8500														
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>29</u> day of <u>September</u> , 2011. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">  _____ Signature of Committee Chairperson </p> <p style="text-align: center;">  _____ Signature of Committee Treasurer, if any </p> </div> <div style="width: 45%;"> <p style="text-align: center;"> (337) 439-0555 _____ Daytime Telephone Number </p> <p style="text-align: center;"> (337) 721-7236 _____ Daytime Telephone Number </p> </div> </div>														

AMENDMENT

STATEMENT OF ORGANIZATION

OFFICE USE ONLY //

1. Name and Address of Committee
Louisiana Medical Political Action
Committee (LAMPAC)
6767 Perkins Road, Suite 100
Baton Rouge, LA 70808-4263

2. Date of this Statement
Jan. 12, 2011

3. Estimated Membership
450

4. Amended Statement?
Yes ☐ No ☒

Check If:

New Committee ☐ Monthly Filer ☒

PHC
S/O
1/12
BIG PAC
R#8508
C#2351

11000405

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

a. Name	b. Position	c. Address
Keith F. DeSonier MD	Chairperson	555 Doctor Michael Debakery Dr, Lake Charles, LA 70601
William M. Cassidy MD	Treasurer	3115 Dalrmpole Dr, Baton Rouge, LA 70802

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

a. Name	b. Address	c. Relationship to Committee
Louisiana State Medical Society	6767 Perkins Rd., #100 Baton Rouge, LA 70808	Connected Organization

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name	b. Address
Hancock Bank	PO Box 591, Baton Rouge, LA 70821
Morgan Stanley Smith Barney	8550 United Plaza Blvd., #101, Baton Rouge, LA 70809

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: ☐ Principal Campaign Committee ☐ Subsidiary Committee

b. Name of Candidate	c. Office Sought by the Candidate

9. a. Name of Person Preparing Report

Mary M. DuCote

b. Daytime Telephone 225-763-8500

10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.

This 12 day of January 2011

Signature of Committee Chairperson

Signature of Committee Treasurer, if any

337-439-0555
Daytime Telephone Number

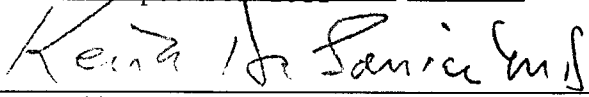
225-358-1096
Daytime Telephone Number

COMMITTEES WITH OVER 250 MEMBERS

The following certification is OPTIONAL and should be completed ONLY if it is applicable to your committee. Completion of this certification doubles the normal limitations on the amounts of contributions to candidates that are otherwise applicable to political committees.

11. WE HEREBY CERTIFY that the membership of this political committee exceeded two hundred fifty (250) members **as of December 31 of the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION**. We further certify that at least two hundred fifty (250) of the members of this political committee contributed at least fifty dollars (\$50.00) to this committee **during the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION**.

This 29 day of September 2011.


Signature of Committee Chairperson

(337) 439-0555
Daytime Telephone Number


Signature of Committee Treasurer, if any

(337) 721-7236
Daytime Telephone Number

INSTRUCTIONS

READ ALL INSTRUCTIONS CAREFULLY. PRINT OR TYPE ALL INFORMATION LEGIBLY IN BLACK INK.

- A \$100 filing fee must accompany the Statement of Organization. The fee should be paid with a committee check payable to "Campaign Finance."
- This form must be filed every year between January 1 and January 31, subject to the following exceptions:
 - If a committee organizes after January 31, then this form must be filed within 10 days of the date of organization.
 - If the committee organizes within 10 days prior to an election, then this form must be filed within 3 days of the date of organization.
 - If the committee does not anticipate that it will have over \$500 in total financial activity for a particular calendar year, it is not required to file this form for that year. If it determines later in that year that it will exceed \$500 in total financial activity, then this form must then be filed within 10 days.
- A **Certificate of Registration** will be issued to each properly organized committee.
- A committee that has over \$500 of financial activity in a calendar year and does not file a Statement of Organization is subject to fines.
- Mail the Statement of Organization along with the required fee to:

**CAMPAIGN FINANCE
Post Office Box 4368
Baton Rouge, Louisiana 70821**

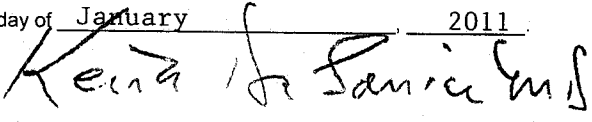
AMENDMENT

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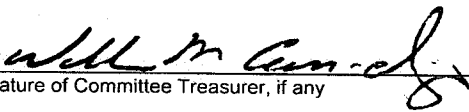
11. WE HEREBY CERTIFY that the membership of this political committee exceeded two hundred fifty (250) members **as of December 31 of the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION**. We further certify that at least two hundred fifty (250) of the members of this political committee contributed at least fifty dollars (\$50.00) to this committee **during the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION**.

This 12 day of January, 2011.


Signature of Committee Chairperson

337-439-0555

Daytime Telephone Number


Signature of Committee Treasurer, if any

225-358-1096

Daytime Telephone Number

INSTRUCTIONS

READ ALL INSTRUCTIONS CAREFULLY. PRINT OR TYPE ALL INFORMATION LEGIBLY IN BLACK INK.

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